

INVOICE FOR GRANT PAYMENTS

Two-Year Funding Programs

PART A - GRANT INFORMATION			
DATE:	IN	VOICE NUMBER:	
CDANITES NAME (MANUALS ADDS	NECC	(Grant Number)	Format: XXX-XX-XXXXX or XX-XX-XXXXX
GRANTEE NAME/MAILING ADDR		CDANT DEDICO.	4
Grantee Name		GRANT PERIOD:	to Format: MM/DD/YY to MM/DD/YY
Grantee Name			10111at. 11111/25/11 to 11111/25/11
Mailing Address 1	TY	PE OF REQUEST:	
			50% ADVANCE PAYMENT
Mailing Address 2 (Optional)			40% SECOND PAYMENT
			10% FINAL PAYMENT
City, State	Zip Code		
PART B – 50% ADVANCE PAYMENT			
GRANT AWARD \$ x 50%		6 = ADVANCE PAYMENT REQUEST \$	
PART C – 40% SECOND PAYMENT			
To qualify for release of the 40% second payment, the Grantee must have done the following:			
Completed and submitted the Interim Report online			
GRANT AWARD x 40% = SECOND PAYMENT AMOUNT REQUEST \$			
PART D – 10% FINAL PAYMENT To qualify for release of the 10% final negment, the Creates must have done All of the following:			
To qualify for release of the 10% final payment, the Grantee must have done ALL of the following:			
 Completed the Scope of Work as indicated in the Grant Standard Agreement Completed and submitted the Final Report (including the NEA Grants Activity Survey) online 			
GRANT AWARD x 10% = FINAL PAYMENT AMOUNT REQUEST \$			
CERTIFICATION			
"I hereby certify under penalty of perjury that this report is in accordance with the grant approved by and the standards of the California Arts Council, and that payment has not been previously received for the amount claimed herein."			
AUTHORIZED OFFICER'S PRINTED NAME / TITLE			PREPARER'S PRINTED NAME
AUTHORIZED OFFICER'S SIGNATURE Contact's Phone Number			Number
(Only use blue ink)		Cartatta Francii	A daluara
Contact's Email Address			
FOR CAC ACCOUNTING USE ONLY			
FY FUND	APPROP REF		
FY FUND	APPROP REF	·	VOUCHER
PROGRAM STAFF (Signature)		APPROVAL DATE	
ACCOUNTING STAFF (Signature)		PROCESS DATE	